

GUIDELINES ON THE USE OF ASPIRIN AND CALCIUM TO REDUCE THE OCCURENCE OF PRE-ECLAMPSIA

Introduction

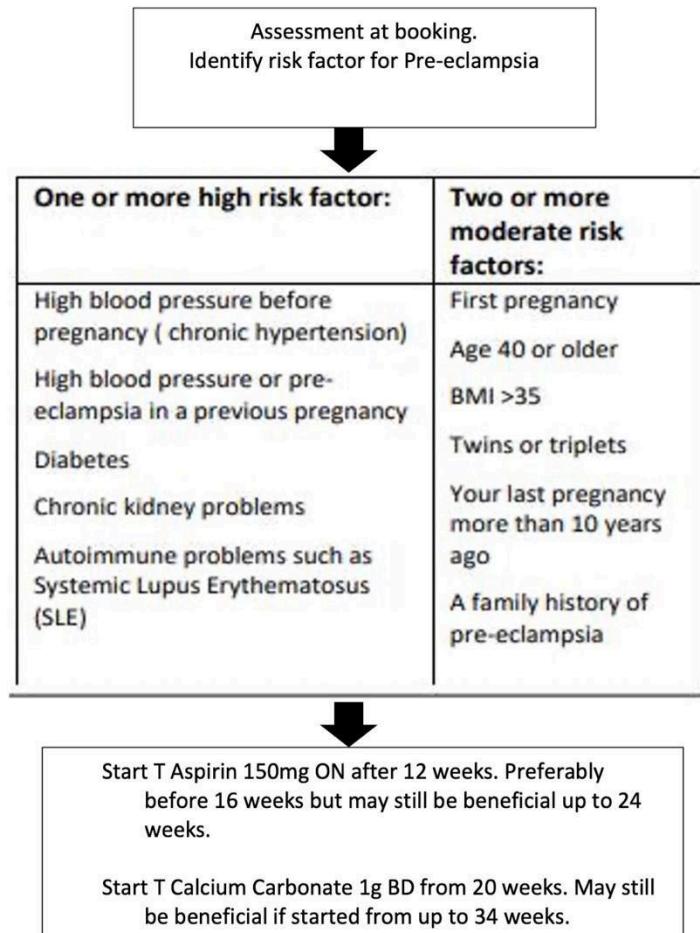
Pre-eclampsia remains a major worldwide problem and still a major burden and contributes significantly to maternal and fetal mortality and morbidity. There are evidences that suggest certain intervention reduce the risk of developing pre-eclampsia is among certain group of patients:

1. Systematic review by Cochrane's shows that anti-platelet agent have moderate benefits when used for prevention of pre-eclampsia and its consequences.
2. Another systematic review by Cochrane's Library on the role of calcium supplement in pregnancy shows there are 55% reduction in pre-eclampsia, 35% reduction in hypertension and 24% reduction in preterm birth.

This short guideline is prepared in order to streamline the practice for the whole state and to guide the staff in MCH on how to identify the high risk patients and how to start them on aspirin and calcium.

Flow chart and checklist below should be made available in all MCH and to be used to identify high risk patients during booking.

FLOWCHART ON HOW TO IDENTIFY HIGH RISK PATIENTS AND STARTING THEM ON ASPIRIN AND CALCIUM CARBONATE



CHECKLIST ON RISK FACTORS IDENTIFICATION DURING BOOKING

No	Pre-eclampsia risk factors	Yes	No
High risk (refer flow chart of any ONE of these factors present)			
1	<i>History of hypertensive disease in previous pregnancy</i>		
2	<i>Chronic renal disease</i>		
3	<i>Autoimmune disease such as SLE or APS</i>		
4	<i>Chronic hypertension complicating current pregnancy</i>		
5	<i>Type 1 or type 2 diabetes</i>		
Moderate risk (refer flow chart if TWO of these factors present)			
1	<i>Primigravida</i>		
2	<i>Age \geq 40 years old</i>		
3	<i>Pregnancy interval \geq 10 years</i>		
4	<i>BMI \geq 30 at booking</i>		
5	<i>Multiple pregnancy</i>		

Final assessment

1. Prophylaxis needed
2. Aspirin started
3. Calcium carbonate started

Yes / No
Yes / No date if yes: / /
Yes / No date if yes: / /

Assessment by:

Drugs prescribed by:

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